

City of Chelsea Harvard Pilgrim Comparison Plan Chart			
		HMO	PPO
Benefits		In Network	Out of Network
Deductible	None	None	\$250 Individual \$500 Family
Co Insurance	None	None	20%
Out Patient Care			
Doctor Office Visits	\$20 Level 1 \$35 Level 2	\$20 Level 1 \$35 Level 2	Deductible, then 20 % Deductible, then 20 %
Emergency Room (Waived if Admitted)	\$150	\$150	\$150
Diagnostic Testing	Covered in Full	Covered in Full	Deductible, then 20%
Annual Physical Exam	Covered in Full	Covered in Full	Deductible, then 20%
Allergy Injections	\$5 Copay	\$5 Copay	Deductible, then 20%
Hospital Services			
Inpatient Admissions	\$300 Copay	\$300 Copay	Copay ,then Deductible & 20%
Outpatient Surgery	None	None	Deductible , & 20%
Skilled Nursing/Rehab Facility	\$300 Copay	\$300 Copay	Copay ,then Deductible & 20%
Maternity	\$300 Copay	\$300 Copay	Copay ,then Deductible & 20%
Pharmacy			
Retail 30 Day Supply	\$10/15/25	\$10/15/25	No Coverage
Mail Order 90 Day Supply	\$15/25/75	\$15/25/75	No Coverage
Other Services			
Durable Medical Equipment	Covered in Full	Covered in Full	Deductible, then 20%
Physical & Occupational Therapies (60days per contract)	\$20 Copay	\$20 Copay	Deductible, then 20%
Routine Eye Exam (1 annually)	\$20 Copay	\$20 Copay	Deductible, then 20%
Emergency Ambulance	Covered in Full	Covered in Full	Covered in Full
Radiology			
High Tech Radiology	\$50.00	\$50.00	\$50

Please note this is for illustrative purposes only. Please refer to the Summary of Benefits for specific details about coverage provided for this plan

